

**COMMONWEALTH OF MASSACHUSETTS
DESIGNER SELECTION BOARD PROJECT CRITERIA**

DSB LIST # 04-06 **ITEM #** 1 **DSB PUBLIC NOTICE DATE** 4 August 2004

LAST DATE FOR FILING APPLICATION IS: 25 August 2004 at 2:00 PM

The Board recommends applications to be submitted by any of the following firms:

(<input checked="" type="checkbox"/>)	Architect	()	Engineer
(<input checked="" type="checkbox"/>)	Architect/Engineer (A/E)	()	Other:

PROJECT NUMBER: **DMH0501 ST1**

PROJECT TITLE: **Study for a New DMH Psychiatric Facility**

PROJECT LOCATION: **Central Region, Massachusetts**

APPROPRIATION SOURCE: **4000-2011 (Chapter 245 of 2002)**

AVAILABLE AMOUNT: **Study funds only**

ESTIMATED CONSTRUCTION COST: **To be determined**

TOTAL FEE, excluding reimbursables or any authorized per diem payments, based on scope of work and services authorized if project is completed.

*See page 4 for final fee determination by the Division of Capital Asset Management and Maintenance (DCAM) per M.G.L. C.7, §38G(a).

(<input checked="" type="checkbox"/>)	Lump Sum Established Set Fee for Study Phase Per M.G.L. C.7, §38G(a)	<u>\$1,200,000</u>	dollars
()	Lump Sum Established Set Fee for Final Design Phase Per M.G.L. C.7, §38G(a), based on the approved estimated construction cost in the certified study.	_____	per cent

IMMEDIATE SERVICES AUTHORIZED:

(☒) CERTIFIABLE BUILDING STUDY
() OTHER:

As per M.G.L. C.7, §38I, the selected designer may be appointed by the DCAM Commissioner for continued services as noted below subject to approval by the Designer Selection Board:

(☒) SCHEMATIC PLANS AND OUTLINE SPECIFICATIONS
(☒) DESIGN DEVELOPMENT PLANS AND SPECIFICATIONS
(☒) CONSTRUCTION PLANS AND SPECIFICATIONS
(☒) ADMINISTRATION OF CONSTRUCTION CONTRACT
() OTHER:

MBE/WBE PARTICIPATION:

In accordance with Executive Order #390, DCAM has established minimum goals of 8% MBE participation and 4% WBE participation for the combined value of the study and final design contracts for this project. All applicants must indicate how they intend to meet these goals and will be evaluated on that basis. Any MBE/WBE requirement should be met within the requested consultant list. Utilizing consultants not requested to fulfill the MBE/WBE requirement is unacceptable and will severely limit the Prime's chances of being selected for the project. Further information about the program appears on pages 6-10. Applications from MBE and WBE firms as prime consultant are encouraged .

N.B.1: DCAM customarily compensates the designer during the Study Phase on a percentage basis in accordance with the approved workplan.

N.B.2: DCAM customarily compensates the Designer during the Design Phase 15% of the Total Fee at Approval of Schematics, a total of 30% of the Total Fee at approval of Design Development Documents, a total of 70% of the Total Fee at Approval of Construction Documents, and a total of 100% of the Total Fee upon Final Acceptance of Project.

N.B.3: Cost estimates will be presented in Unifomat in the study phase and in both Unifomat and CSI (16 Division) in the design phase.

APPROPRIATION LANGUAGE:

Chapter 245 Of 2002, 4000-2011:

For planning and studies, the preparation of plans and specifications, construction, renovation, reconstruction, improvement, demolition, expansion, repair, including furnishings and equipment, and related administrative expenses at executive office of health and human services agencies including, . . . the department of mental health . . .

GENERAL SCOPE OF WORK:

To prepare a certified study for a new psychiatric facility, evaluating the availability of financing reimbursement for inpatient care, and establishing the best alternative among several possible sites.

STAGES OF WORK

DCAM may authorize successive stages of work as outlined below to a maximum study fee of \$1,200,000.

OVERVIEW:

The Department of Mental Health (DMH) currently operates two mental health hospitals in the Central Region; one at Worcester State Hospital (Worcester) and the other nine miles east at Westborough State Hospital (Westborough). DMH seeks to consolidate these two facilities within the Central Region to address inefficiencies and cost burdens, while improving the quality of care to clients. Constructing a new state-of-the-art facility for consolidated inpatient care will address the goals of client and staff safety, quality care, and eliminate the need for major capital investment in two deteriorated campuses. The purpose of this facility will be to promote active rehabilitation as a key component of inpatient service delivery. A total of 290 inpatient beds (260 adult and 30 adolescents) and 30 beds for adolescents at the secure residential treatment facility level of care will be provided. The adult inpatient beds will serve males and females ages 19 and older. The 30 adolescent inpatient and 30 secure residential treatment beds will serve males and females ages 13-18. Both the adult and adolescent inpatient beds will be designed to provide continuing care inpatient services for persons whose mental illness symptoms or level of functioning require longer treatment stays than can be provided in acute psychiatric inpatient units. DMH anticipates that approximately 80 of the adult inpatient beds will be used by patients who have been admitted from the criminal justice system (i.e. forensic admissions) primarily for the purpose of pre-trial evaluation of competency to stand trial, or criminal responsibility, or as an aid to the court in sentencing. Multiple sites on each campus will be evaluated as to advantages and disadvantages of locating the facility there. Alternative sites may also be considered.

The purposes of this study are:

- To determine the proposed programmatic needs and optimum unit censuses for a new 320 bed facility
- Develop a concept model for testing alternative sites
- Evaluate the two campuses for locating the new DMH facility (or any other alternative sites proposed) and identify redevelopment opportunities
- Develop a conceptual design package of the proposed facility, along with an estimate of probable costs
- Identify, quantify and evaluate financial resources available to the project based on intergovernmental reimbursement sources

DMH Goals for the Project:

- Provide a high quality, safe and respectful environment for clients
- Improve DMH operational efficiency and cost effectiveness with the new facility
- Integrate with other DMH programs provided via community services

TASKS

The initial phase of this project calls for the development of a building program and concept model for the new 320 inpatient and adolescent residential treatment facility for the Central Region. The Consultant Team shall work collaboratively with DCAM and DMH to define the programmatic needs. Workshops will be conducted at key points in the process to present and review information, generate ideas, solicit feedback, build consensus, and expedite the decision-making process.

The scope of work for the study may include, but is not limited to, the following items:

1. Program Definition

- Identify and articulate goals for the new facility
- Determine trends in state-of-the-art treatment and creating a therapeutic environment
- Identify comparable, recently built or planned state-of-the-art mental health facilities of similar size and complexity (provide concept, S.F., cost, photos)
- Identify and quantify Conditions of Participation in Medicaid and Medicare programs that will impact the architectural program for this project.
- Identify all relevant codes, standards, and regulations applicable to psychiatric facilities.
- Develop Preliminary Program Requirements (program narrative, S.F., adjacencies)
- Develop Preliminary conceptual layout alternatives (minimum of three)
- Determine Preliminary cost assumptions
- Develop a preferred concept model, not constrained by site, that will be used to select the preferred site
- Develop Preliminary schedule

2. Siting Alternatives

- Using previously completed studies and reports, compile existing condition information on both campuses (site and buildings)
- If any other non-DMH sites are proposed, compile existing conditions information
- Develop site selection criteria
- Identify sites for the new DMH facility
- Adjust concept model to fit on site
- Develop alternatives for building siting and layout
- Evaluate each site to site selection criteria and select recommended site
- Identify potential sites for redevelopment
- Work with Financial Consultant to evaluate financial implications

3. Conceptual Design

- Final development of preferred site
- Floor plans, site plan, building section(s), elevations, and three-dimensional views.
- Final detailed program, including program narrative, net and gross S.F., adjacencies, Room Data Sheets
- Narrative description of the construction scope and character
- Detailed cost estimate (Unifomat)
- Code and Regulatory Analysis
- Projected Operating Costs

4. Final Report

The final result of the study process will be a professional quality report documenting all of the analysis, findings, and relevant background information. In addition to hard copies of all documents, all material will be transmitted electronically in a format and software acceptable to DCAM. The final deliverable will include a Microsoft Power Point executive briefing package.

ADDITIONAL INFORMATION REGARDING THE SITES FOR THIS PROJECT

Site context:

Each campus has unique characteristics, advantages, and disadvantages. Both campuses are listed in the National Register of Historic Places.

Worcester State Hospital, located off Belmont Street (Route 9) and Plantation Street, was opened in 1833, serving as a model that other states soon followed. The campus is situated on the southeastern slope of Millstone Hill and contains approximately 112 acres and 31 buildings. The campus is comprised of 112 acres of primarily open rolling landscaped areas. The Clocktower Building is a local landmark, prominently located atop the hill. The campus is adjacent to the Worcester Biotechnology Research Park and Belmont Hospital, and is near the University of Massachusetts Medical Center.

Westborough State Hospital opened in 1889, nine miles east of Worcester. The total site is approximately 253 acres, and includes 82 buildings, a number of which are presently vacant. The majority of the campus is located in Westborough, although a small portion is in Northborough. The campus borders Chauncy Lake and is surrounded by land controlled by the Division of Fish and Wildlife, and the Department of Food and Agriculture. South of the site and across the lake are residential homes.

Both campuses have aging structures that have suffered from years of insufficient capital attention. Each campus requires extensive funding to address deferred maintenance, life safety and utility infrastructure needs. Current estimates suggest that in addition to over \$40 million worth of capital projects identified at these two campuses, minimal ongoing capital funding of over \$100 million will be needed to keep both campuses in operation for the next ten years. In addition to limitations posed by aging structures, there is a larger issue emerging concerning inpatient care environments that DMH believes cannot be addressed in the existing physical plants at either Worcester or Westborough. Standards for healthcare have advanced and DMH's inpatient environments have not been able to keep pace. Issues relative to current inpatient environments include: lack of adequate HVAC, poor line of sight for patient supervision; lack of privacy; narrow and enclosed unit feeling; and an overall stark institutional setting.

Surplus Land:

Each campus will be evaluated for siting the new DMH facility, or as opportunities for commercial redevelopment. All lands identified by DMH and DCAM as surplus may be made available for redevelopment.

APPLICANTS ARE URGED TO REVIEW AND BECOME FAMILIAR WITH THE FOLLOWING SUPPLEMENTAL MATERIAL, WHICH IS AVAILABLE ON THE WEB AT: www.mass.gov/cam.

1. **"Guidelines for the Preparation of Studies for Building Projects," Office of Programming, Division of Capital Asset Management, October 2000**
2. **"Instructions for Designers," Form 9, Division of Capital Asset Management, 6 June 2003**

As per C.164 §331 of the Acts of 1997 and the DCAM Sustainable Design Guidelines (published as Appendix. N of DCAM's *Form 9, Instructions for Designers*), and DCAM directive, the designer shall, within the basic fee, recommend resource and energy efficient design schemes which shall enable the project to meet LEED certification at the "Gold" level. Said design alternatives shall, at a minimum, achieve at least a 20% improvement over the Mass Building Energy Code's energy efficiency standards for a code compliant building of similar size and function. Such design alternatives shall encompass a range of sustainable design features and minimize the life cycle costs of the construction and operations of the facility while optimizing its performance for occupant comfort and health. Sustainable strategies shall be employed across each of the five major categories recognized by LEED, thus achieving high standards for performance in the areas of sustainable site design, water efficiency, energy efficiency, use of sustainable and environmentally preferable materials and resources, and assuring optimal indoor environmental quality.

CONDITIONS OF THE DSB FOR THIS PROJECT:

Current or updated Master File Brochures must be on file with the Board. Applicants agree to execute the standard contract for Designer's Services DCAM Form C-2. As a condition of application, each applicant, if selected for the new project, agrees to carry professional liability insurance in an amount equal to 10% of the estimated construction cost of this project in accordance the standard designer's contract, i.e., minimum coverage of \$250,000 up to \$1,000,000 depending on the construction cost. A greater amount may be negotiated or specified in this advertisement.

APPLICATIONS WILL BE EVALUATED BASED ON THE FOLLOWING PRIME AND SUB CONSULTANT PERSONNEL AND EXTENT OF COMPLIANCE WITH MBE/WBE PARTICIPATION GOALS. PLEASE ALSO SEE QUESTION #6 ON DSB 2000 APPLICATION REV 2/04.

- | | |
|----------------------------------|----------------------------------|
| 1. Architect (Prime)* | 9. Cost Estimator |
| 2. Mental Health Programmer | 10. Food Service Consultant |
| 3. Landscape Architect | 11. LEED Accredited Professional |
| 4. Civil Engineer | 12. Specifications Writer |
| 5. Structural Engineer | 13. Building Code Specialist |
| 6. Mechanical Engineer | 14. Financial Consultant |
| 7. Electrical Engineer | |
| 8. Telecommunications Specialist | |

*Identify project manager

If the Prime is to fulfill any of the sub-consultant roles above, so indicate on the organizational chart.

APPLICATIONS WILL BE EVALUATED BASED UPON WORK LISTED ON DSB 2000 APPLICATION REV 2/04 SECTIONS 8, 9 AND 10 WHICH ILLUSTRATES CURRENT QUALIFICATIONS IN THE FOLLOWING AREAS:

1. Mental Health Programmer must demonstrate experience programming state-of-the-art treatment facilities of similar size and complexity
2. Architect must demonstrate experience with performing a study and the design and construction of mental health facilities of similar size and complexity
3. Mental Health Programmer and Financial Consultant must demonstrate extensive knowledge of Joint Commission of Healthcare Organizations (JCAHO) standards, and Centers for Medicare and Medicaid Services (CMS) Conditions of Participation (CoPs) that govern the operation of psychiatric inpatient programs and psychiatric residential treatment programs providing psychiatric services to individuals under the age of 21
4. Financial Consultant must demonstrate experience evaluating reimbursement programs such as Medicaid and Medicare
5. Telecommunications specialist must demonstrate experience with the design and implementation of Local Area Networks (LANs), Wide Area Networks (WANs), 802.11 a, b, g (WiFi), Wire-to-wireless networks , Wired equivalent privacy (WEP) and other advanced communications technologies.
6. Financial consultant must be experienced in the identification of sources and uses of intergovernmental funding available for the planning, design and construction of mental health facilities, and also demonstrate experience in the development of operating pro formas for mental health facilities, identifying intergovernmental funding available for the operation of mental health facilities.